F	PA	Form Approve OMB No. 2040-00						
- Henri	Water Compliance Inspection Report							
Section A: National Data Coding (i.e., PCS)								
Tra	nsaction Code	NPDES#		yr/mo/dy	Inspection	Type Inspector Facility T	уре	
	TN	A0001	381	100922		S 3		
Remarks								
Confined Animal Feeding Operations								
Insį	Inspection Work Days Facility Self - Monitoring Rating BI QAReserved							
Section B: Facility Data								
Nai	ne and Location of Facility Inspecte	d			Entry Time / L	Permit Effective Da Sept. 3, 0	te 2	
					1300 / 9 Exit Time / Da)ate	
HWV 16'						-22-10 Aug. 5, 09	7	
Mountain City, TW 3768? Name(s) of Onsite Representative(s) / Title(s) / Phone and Fax Number(s)					Other Facility			
IVai	·							
					site inactive.			
Name, Address of Responsible Official / Title / Phone and Fax Number					DAIRY BARNS WERE			
W. 124 NOAK 11, OVIVER								
P.O. Box 904 Move to No Never Built of Suring Inspection (Shock only those areas evaluated)								
Section C: Areas Evaluated During Inspection (Check only those areas evaluated)								
	Permit	Flow Measurem		Operation & Mainte	enance	CSO / SSO (Sewer Overflo	(w)	
	Records / Reports	Self-monitoring Compliance Sc	-	Sludge Handling Pretreatment Progr	ram	Pollution Prevention Multimedia		
1	Facility Site Review Effluent / Receiving Waters	Laboratory	ricaule	Storm Water	-	Other:		
Emacity Necesting visitors and accounting visitors								
	1. Type animals 5. Height of freeboard							
						d lagoons?	_	
3. Number of houses 7. Sign present?							-	
e:	4. Number of lagoons 8. Rain gauge?							
	9. Evidence of overflow?							
	10. Condition of levees							
	11. Evidence of by-pass							
	12. Disposal on site?							
}	13. Date of most recent application							
	14. Evidence of runoff?							
	15. Appearance of stream d/s							
	16. Lab for sample analysis							
	17. Sample Bottles at facility?							
· ·								
Na	me (s) and Signature(s) of Inspect	r(s)	Agency / (Office / Phone and Fax N	umbers	Date		
MIKE MECLELLAND TDEC/JCFO						0 10 10		
	ALAMANA MI)	9			9-22-10		
MANGChill 423-854-5451								
Sig	nature of Management Q A Reviev	ver	Agency /	Office / Phone and Fax N	umbers	Date Date		